County: Shawano EVERGREEN HEALTH CARE CENTER, INC. 1250 EVERGREEN STREET SHAWANO 54166 Phone: (715) 526-3107
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 77
Total Licensed Bed Capacity (12/31/00): 91
Number of Residents on 12/31/00: 45 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes **50** 

Services Provided to Non-Residents   Age, Sex, and Primary Diagnosis of Residents (12/31/00)   Length of Stay (12/31/00)	%
	6. 7 3. 3
Supp. Home Care-Household Services No Developmental Disabilities 0.0 Under 65 8.9 More Than 4 Years 20	0. 0
Day Services         Yes         Mental Illness (0rg. /Psy)         42. 2         65 - 74         2. 2            Respite Care         Yes         Mental Illness (0ther)         4. 4         75 - 84         35. 6         100	0. 0
Adult Day Care Yes Alcohol & Other Drug Abuse 0.0 85 - 94 35.6 ************************************	*****
Adult Day Health Care Yes Para-, Quadra-, Hemiplegic 8.9 95 & Over 17.8 Full-Time Equivalent Congregate Meals No Cancer 0.0 Nursing Staff per 100 Reside	ents
Home Delivered Meals	
Transportation No Cerebrovascular 6.7 RNs 1:	3. 3
Referral Service         No Diabetes         2. 2 Sex         LPNs         10 Diabetes           0ther Services         Yes Respiratory         0. 0 Nursing Assistants	6. 2
Provide Day Programming for Other Medical Conditions 28.9 Male 31.1 Aides & Orderlies 49	9. 1
Mentally Ill No Female 68.9 Provi de Day Programming for 100.0	
Devel opmental ly Di sabled No   100. 0   100. 0	

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent
	Per Diem			m	Per Diem		m	Per Diem		m	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100.0	\$235.75	20	83. 3	\$93. 59	0	0.0	\$0.00	17	100.0	\$132.00	0	0.0	\$0.00	41	91. 1%
Intermedi ate				3	12. 5	<b>\$78. 35</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	6. 7%
Limited Care				1	4. 2	\$68. 19	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2. 2%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		24	100. 0		0	0.0		17	100.0		0	0.0		45	100.0%

\*

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 13.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 7. 2 Baťhi ng 2. 2 80.0 17. 8 45  $\tilde{22}.\tilde{2}$ Other Nursing Homes 2. 4 **Dressing** 64. 4 13. 3 45 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 75.9 Transferring 37.8 42.2 20. 0 45 35.6 42.2 22. 2 0.0 Toilet Use 45 0.0 Eating 60.0 26.7 13. 3 45 Other Locations \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\* 1. 2 Total Number of Admissions 83 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.4 2. 2 Private Home/No Home Health 32.3 Occ/Freq. Incontinent of Bladder 26. 7 0.0 Private Home/With Home Health 17. 7 Occ/Freq. Incontinent of Bowel 0.0 6. 7 Other Nursing Homes 2. 1 4.4 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 18.8 Mobility 4. 4 Physically Restrained 6. 7 0.0 15.6 0.0 Other Locations 2. 1 Skin Care Other Resident Characteristics 27. 1 6. 7 Deaths With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs (Including Deaths) 64. 4

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		0wne	ershi p:	Bed Size:		Li ce	ensure:		
	Thi s		ori etary		- 99	Ski l		Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	54. 9	80. 4	0. 68	85. 4	0. 64	84. 1	0. 65	84. 5	0. 65
Current Residents from In-County	82. 2	74. 2	1. 11	72. 9	1. 13	76. 2	1.08	77. 5	1.06
Admissions from In-County, Still Residing	21. 7	19. 0	1. 14	21. 3	1.02	22. 2	0. 98	21. 5	1.01
Admi ssi ons/Average Daily Census	166. 0	135. 3	1. 23	101. 3	1.64	112. 3	1.48	124. 3	1.34
Discharges/Average Daily Census	192. 0	137. 7	1. 39	101. 3	1. 90	112. 8	1. 70	126. 1	1. 52
Discharges To Private Residence/Average Daily Census	96. 0	<b>57. 0</b>	1. 68	37. 6	2. 55	44. 1	2. 18	49. 9	1. 93
Residents Receiving Skilled Care	91. 1	89. 4	1. 02	89. 6	1.02	89. 6	1.02	83. 3	1.09
Residents Aged 65 and Older	91. 1	95. 9	0. 95	93. 4	0. 98	94. 3	0. 97	87. 7	1.04
Title 19 (Medicaid) Funded Residents	53. 3	71.6	0. 75	69. 0	0.77	70. 1	0. 76	69. 0	0.77
Private Pay Funded Residents	37. 8	19. 0	1. 99	23. 2	1.63	21.4	1.77	22. 6	1.67
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	46. 7	35. 9	1. 30	41.5	1. 12	39. 6	1. 18	33. 3	1.40
General Medical Service Residents	28. 9	18. 2	1. 58	15. 4	1. 88	17. 0	1. 70	18. 4	1.57
Impaired ADL (Mean)	43. 6	47. 3	0. 92	47.7	0. 91	48. 2	0. 90	49. 4	0.88
Psychological Problems	64. 4	45. 0	1. 43	51. 3	1. 26	50. 8	1. 27	50. 1	1. 29
Nursing Care Required (Mean)	4. 2	6. 7	0. 62	6. 9	0. 60	6. 7	0. 62	7. 2	0. 58